



**NIGERIANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS**

President George W. Bush's Emergency Plan for AIDS Relief is the largest commitment ever by any nation for an international health initiative dedicated to a single disease—a five-year, \$15 billion, multifaceted approach to combating the disease in more than 120 countries around the world.

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Peace Corps

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Country Profile: Nigeria

HIV/AIDS in Nigeria

HIV Infected: 3.6 million¹
AIDS Deaths: 310,000¹
AIDS Orphans: 1.8 million¹

The HIV epidemic in Nigeria is complex and varies widely by region. In some states, the epidemic is more concentrated and driven by high-risk behaviors, while other states have more generalized epidemics that are sustained primarily by multiple sexual partnerships in the general population. Youth and young adults in Nigeria are particularly vulnerable to HIV. Recent estimates from the 2003 National HIV/Syphilis Seroprevalence Sentinel Survey (2004) by the Federal Ministry of Health indicate an HIV prevalence rate of 5.4 percent for individuals aged 25 to 29; 5.6 percent for those aged 20 to 24, and four percent for those aged 15 to 19. There are many risk factors that contribute to the spread of HIV, including prostitution, high-risk practices among itinerant workers, high prevalence of sexually transmitted infections, clandestine high-risk homosexual practices, international trafficking of women, and irregular blood screening.



U.S. Government Response

The Nigerian Government created the National AIDS Control and Prevention Program within the Federal Ministry of Health in 1987, a Presidential AIDS Commission comprised of ministers from all sectors in 1999 and the National Action Committee on AIDS based in the Office of the Presidency in 2000. The HIV/AIDS Emergency Action Plan developed in 2001, and revised in 2004, serves as the national action framework.

The activities of the U.S. President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR) are carried out in close collaboration with Nigerian authorities, including the National Action Committee on AIDS and the Federal Ministry of Health. These activities include:

- Enlisting popular support and political will for HIV/AIDS prevention, treatment and care activities and policies;
- Developing the capacity of nongovernmental organizations (NGOs) and government agencies, as well as national, regional, state and local organizations with numerous chapters or branches reaching down to the grassroots level;
- Adopting new indigenous partners, particularly in strategically-selected, high-prevalence states;
- Integrating HIV counseling and testing and antiretroviral treatment (ART) into the National Tuberculosis (TB) Control Program;
- Establishing a regional training laboratory dedicated to providing training on HIV testing and treatment for TB laboratory technicians;
- Establishing a system to stratify laboratories using standardized criteria and a quality-assured network of laboratories.

Recognizing the global HIV/AIDS pandemic as one of the greatest health challenges of our time, President George W. Bush announced the Emergency Plan in 2003 — the largest international health initiative by one nation, in history, to address a single disease. Under the leadership of the U.S. Global AIDS Coordinator, U.S. Government (USG) agencies implement the Emergency Plan, working collaboratively as an interagency country team under the direction of the U.S. Ambassador to Nigeria. This multidimensional team leverages partnerships with host governments, multilateral institutions, NGOs and the private sector to implement effective programs for combating HIV/AIDS and ensure efficient use of USG resources.

Nigeria is one of 15 focus countries of the Emergency Plan, which collectively represent approximately 50 percent of HIV infections worldwide. Under the Emergency Plan, Nigeria received more than \$70.9 million in Fiscal Year (FY) 2004 and more than \$110.2 million in FY2005 to support a comprehensive HIV/AIDS prevention, treatment and care program. In FY2006, the United States plans to provide approximately \$163.1 million to support Nigeria's fight against HIV/AIDS.

¹ UNAIDS, Report of the Global AIDS Epidemic, 2004.



Emergency Plan Achievements in Nigeria to Date

Challenges to Emergency Plan Implementation

Nigeria is emerging from a period of military rule that accounted for almost 28 of the 44 years since independence in 1960. Consequently, the policy environment is not fully democratized. Civil society was weak during the military era, and its role in advocacy and lobbying remains weak. The size of the population and the nation pose logistical and political challenges particularly due to the political determination of the Nigerian Government to achieve health care equity across geopolitical zones. The necessity to coordinate programs simultaneously at the federal, state and local levels introduces complexity into planning. The large private sector is largely unregulated and, more importantly, has no formal connection to the public health system where most HIV interventions are delivered. Training and human resource development is severely limited in all sectors and will hamper program implementation at all levels. Care and support is limited due to the fact that existing staff are overstretched and most have insufficient training in key technical areas to provide complete HIV services.

# of individuals reached with community outreach HIV/AIDS prevention programs that promote Abstinence and/or Being Faithful in FY2005 ¹	1,890,300
# of individuals reached with community outreach HIV/AIDS prevention activities that promote Condoms and related prevention services in FY2005 ¹	824,000
USG total condom procurement in CY2005	3,204,000
# of pregnant women receiving prevention of mother-to-child HIV transmission (PMTCT) services since the beginning of the Emergency Plan ^{3,4}	98,100
# of pregnant women receiving antiretroviral prophylaxis for PMTCT since the beginning of the Emergency Plan ^{3,5}	2,000
# of individuals receiving counseling and testing (in settings other than PMTCT) in FY2005 ^{3,4}	109,900
# of HIV-infected individuals who received palliative care/basic health care and support in FY2005 ³	31,200
# of Orphans and Vulnerable Children (OVCs) who were served by an OVC program in FY2005 ^{3,6}	3,500
# of individuals receiving downstream site-specific support for treatment at the end of FY2005 ¹	18,900
# of individuals receiving upstream system strengthening support for treatment at the end of FY2005 ²	9,600

Note: Numbers may be adjusted as attribution criteria and reporting systems are refined. Numbers above 100 are rounded to nearest 100.

¹ Number of individuals reached through downstream site-specific support includes those receiving services at U.S. Government-supported service delivery sites.

² Number of individuals reached through upstream systems strengthening includes those supported through contributions to national, regional and local activities such as training, laboratory support, monitoring and evaluation, logistics and distribution systems, protocol and curriculum development.

³ Total results combine individuals reached through downstream and upstream support.

⁴ It is possible that some individuals were counseled and tested more than once.

⁵ It is possible that some pregnant women received antiretroviral prophylaxis more than once over the two-year period, e.g. HIV positive women who were pregnant more than once.

⁶ National level data on the number of OVC reached through upstream support are not available for Nigeria. Downstream results are lower than FY2004 due to the close-out of a large OVC program and delayed selection and start-up of new OVC project activities.

Critical Interventions for HIV/AIDS Prevention

- Supported prevention of mother-to-child HIV transmission (PMTCT) service delivery in 42 facilities in Kano, Anambra, Edo, Lagos, Oyo, Borno, Plateau and Cross River states and the Federal Capital Territory. Twelve state of the art laboratories were established in facilities providing antenatal and PMTCT services.
- Utilized broad-based partnerships with faith-based organizations, the Government of Nigeria, and other partners to promote changing social norms around sexual behavior through the national mass media campaign Zip Up. The campaign's first major evaluation supported anecdotal evidence that the campaign's efforts targeting young people with messages and life skills training to promote abstinence, secondary abstinence, and fidelity are having a positive impact.
- Supported the implementation of the comprehensive integrated approach to HIV/AIDS prevention and care, which combines targeted behavior change communication activities at the community level, working through community-based partners, with national level mass media campaigns and product distribution with the objective of achieving sustained health impact.

Critical Interventions for HIV/AIDS Treatment

- Worked with the Government of Nigeria to vigorously pursue the registration of generic drugs that had received tentative approval from the U.S. Food and Drug Administration. Efforts resulted in approval to import FDA-approved generic drugs made by Aspen Pharmacare, Ranbaxy Laboratories, and Aurobindo Pharma.

Critical Interventions for HIV/AIDS Care

- Supported work with the Catholic Church to train and equip HIV/AIDS diocesan staff, Parish Action Committees on AIDS, and Parish Action Volunteers to provide high quality family-centered, home-based care to people living with HIV/AIDS and their families.
- Supported and facilitated a consensus-building meeting with all TB and HIV stakeholders in the public and private sector. In this meeting a National TB/HIV Coordinating Committee was constituted and terms of reference developed. The USG also supported the development of national guidelines, a 5-year strategic plan, and training manuals for TB/HIV activities.
- Supported work with 30 indigenous nongovernmental organizations, including faith-based organizations and support groups of people living with HIV/AIDS, to strengthen the ability of families and communities affected by HIV/AIDS to access care services that mitigate the impact of the epidemic.